

tion of the relation of malaria to surgical operations, concludes as follows:

1. One should avoid as much as possible operations in places or districts where malaria prevails.
2. In cases of operation upon individuals residing in malarial districts, or even those who have formerly dwelt in such regions, although they may never have presented malarial symptoms, they should be subjected to a preliminary treatment by quinine, in order to avoid complications.
3. Individuals may be met with in whom there is a latent existence of the germs of malaria. These latter may develop when the strength of the patient has been lowered by haemorrhage, suppuration or other causes.
4. If one had to decide between a bloody and a bloodless method of operation, the latter should be chosen, for beside avoiding haemorrhages, a mixed infection is also thus prevented.
5. In cases where operation on account of some suppurative process is necessary, and where malaria has formerly existed, a careful analysis of the urine and an examination of the liver, spleen and kidneys should be made, for the patient may be suffering from diabetes or amyloid degeneration.
6. If haemorrhage or intermittent pain follow the operation, they may be combatted by the various preparations of quinine.—*El Siglo-Medico*, 1890, p. 58.

**V. On the Neutralization of the Tetanogenic Virus and the Surgical Prophylaxis of Tetanus.** By Prof. G SORMANT (Padua, Italy). In a preceding article on the same subject the author came to the conclusion that iodoform is one of the most active and specific disinfectants against the tetanogenic virus. In this work he gives the results obtained by experiments with other chemical substances to neutralize this virus. His conclusions are:

1. Camphor and camphorated alcohol have no germicidal action.
2. Chloral shows itself active in the neutralization of the tetanogenic virus.

3. Chloroform and chloral hydrate exercise an attenuating action in a variable degree, retarding more or less the development of the cultures, and also rendering some cultures sterile.

As regards the surgical prophylaxis of tetanus the author, from the observation of two clinical cases, comes to the following conclusions:

1. If tetanus is already established the application of iodoform is no longer efficacious to arrest it.
2. Nevertheless the same remedy will completely neutralize the virus in the wound.

The author has also made experiments as to whether it was possible to arrest the development of tetanus during the period of incubation by the use of iodoform, and has, in regard to this, arrived at the following conclusions:

1. In the animals, in which local prophylaxis was carried out by the use of iodoform early after infection had taken place, and where the tetanic manifestations had not yet developed, the convulsive period could be prevented.
2. If the first symptoms of the disease had already developed, there was the less chance of success the later one acted. The author, finally, mentions that in the city hospital of Padua, among more than 500 patients, suffering from some kind of wounds, and treated with iodoform, there occurred no case of tetanus. After having met with a case of death from iodoform poisoning, he tried in a number of cases of wounds sublimate and salycilic acid, but among these latter had two deaths.—*Riforma Medica; Gazzetta degli Ospitali*, August, 1890.

ALBERT PICK (Boston).

#### HEAD AND NECK.

I. **Excision of the Gasserian Ganglion.** By WILLIAM ROSE, F.R.C.S. (London). At the Medical Society of London, October 27, 1890, Mr. Rose related the case of a lady æt. 60 years, who had suffered for years from the most acute neuralgia, first affecting the inferior division of the fifth nerve. He first stretched the inferior dental nerve and divided its mental branches, which gave temporary relief. The trouble recurred however, and in March, 1889, he trephined the lower jaw